

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730155

1. Entity Name

JOURNEY'S END HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90172 039 ****61.25

0037122

Principal Place of Business

Mailing Address

P.O. BOX 8380
CORAL SPRINGS FL 33075-8380

P.O. BOX 8380
CORAL SPRINGS FL 33075-8380

612565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2226982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, MICHAEL E P.A.
CERTIFIED PUBLIC ACCOUNT
3300 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WOLFSON, LOUIS III ☐ Delete
STREET ADDRESS 2665 S BAYSHORE DR #202
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE PD ☒ Change ☐ Addition
NAME WOLFSON, LOUIS III
STREET ADDRESS 9400 SOUTH DADELAND BOULEVARD, #100
CITY-ST-ZIP MIAMI, FL 33156

TITLE VD ☐ Delete
NAME LEIVA, GERMAN
STREET ADDRESS 2305 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SANCHEZ, RALPH
STREET ADDRESS 9540 JOURNEY'S END ROAD
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 854-1440

CR2E037 (10/00)